

**FILED**

OCT 12 2022

UNITED STATES BANKRUPTCY COURT  
NORTHERN DISTRICT OF TEXAS

CLERK, U.S. BANKRUPTCY COURT  
NORTHERN DISTRICT OF TEXAS

In Re:

Walnut Hill Physician Hospital

Debtor(s)

§  
§  
§  
§  
§  
§

Case No.: 17-32255-sgj-7

**APPLICATION FOR PAYMENT OF UNCLAIMED FUNDS**

Comes now the undersigned, to make application for an order directing payment of unclaimed funds now on deposit in the Treasury of the United States. Claimant is a \_\_\_\_ creditor \_\_\_\_ debtor (check one) in the above captioned bankruptcy case and on whose behalf these funds were deposited.

1.	Name of Claimant(s)	<u>SELINA RAHMAN</u>
2.	Name and Title of Authorizing Officer or Representative (If Claimant is an individual, skip to Question No. 3)	<u>737 Sunlight Lane</u> <u>PLANO, TX - 75025</u>
3.	Current Mailing Address	<u>737 Sunlight Lane, Plano</u> <u>TX 75025</u>
4.	Telephone Number	<u>469-236-1603</u>
5.	SS# (last 4 digits only) or EIN #	<u>6240</u>
6.	Amount Being Claimed	<u>3820.81</u>

I, Selina Rahman, do hereby state under penalty of perjury that I am legally entitled to claim these funds for whom the unclaimed funds were deposited into the treasury in the above referenced bankruptcy case. I certify to the best of my knowledge that all information submitted in support of this claim is true and correct.

Date 10/6/22

Selina Rahman  
Claimant Signature

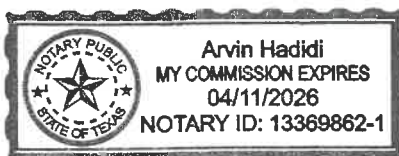
\_\_\_\_\_  
Co-Claimant Signature

Subscribed and Sworn to Before Me this 6 day of October, 2022

AH  
Notary Public

In and for the State of Texas

My commission expires 04/11/2026



**CERTIFICATE OF SERVICE**

In accordance with 28 U.S.C. § 2042, the undersigned hereby certifies that on the date designated below, a true and correct copy of the foregoing application with all required attachments was mailed to:

Office of the United States Attorney  
Attn: Unclaimed Funds  
1100 Commerce Street, 3<sup>rd</sup> Floor  
Dallas, TX 75242

Date: 10/6/22

Selina Rahman  
Claimant's Signature

Form **W-9**  
(Rev. October 2018)  
Department of the Treasury  
Internal Revenue Service

# Request for Taxpayer Identification Number and Certification

► Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Give Form to the  
requester. Do not  
send to the IRS.

**RECEIVED**

SEP 28 2022

CLERK, U.S. BANKRUPTCY COURT  
NORTHERN DISTRICT OF TEXAS

Print or type.  
See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

SELINA RAHMAN

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one box. Instructions apply only to certain entities, not individuals; see instructions on page 3:

☐ Individual/sole proprietor or single-member LLC ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate

☐ Limited liability company. Enter the tax classification, (C=C corporation, S=S corporation, P=Partnership) ►  
Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is **not** disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

☒ Other (see instructions) ►

Exempt payee code (if any) \_\_\_\_\_

Exemption from FATCA reporting code (if any) \_\_\_\_\_

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.

737 SUNKIST LANE

Requester's name and address (optional)

6 City, state, and ZIP code

PLANO, TX 75025

7 List account number(s) here (optional)

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

1 2 7 - 7 8 - 6 2 4 0

or

Employer identification number

-

## Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign  
Here

Signature of  
U.S. person ►

Selina Rahman

Date ►

8/25/22

## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

## Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

**IN THE UNITED STATES BANKRUPTCY COURT  
FOR THE NORTHERN DISTRICT OF TEXAS  
DALLAS DIVISION**

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<b>IN RE:</b>  <b>WALNUT HILL PHYSICIANS HOSPITAL, LLC</b>   <b>DEBTOR</b>	§ § § § § §	<b>CASE NO. 17-32255-sgj-7</b>
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**TRUSTEE'S NOTICE OF DEPOSIT TO UNCLAIMED FUNDS**  
**PURSUANT TO 11 U.S.C. § 347(a)**

Transmitted herewith is an electronic payment for deposit into the Court's Unclaimed Funds Registry as unclaimed property for the above-referenced Chapter 7 case. I hereby certify that the distribution checks in payment of the following claim(s) were never negotiated during the 90 day period and/or were returned undeliverable with no forwarding address. My office made diligent efforts to find the creditors whose payments were returned with no success.

<b><u>Claim #</u></b>	<b><u>Name of Payee on Unclaimed Check (s)</u></b>	<b><u>Amount</u></b>
6	Thyssen Krupp Elevator Law Office of D. Park Smith 250 Cherry Springs Road, Ste. 200 Hunt, TX 78024	\$ 87.09
8	McKesson Technologies, Inc. 5995 Windward Parkway Alpharetta, GA 30005	\$ 186.52
12	Accounting Principals c/o Steven Rebidas 10151 Deerwood Park Blvd. Jacksonville, FL 32256	\$ 212.32
25	Voalte 5101 Fruitville Road, Ste 101 Sarasota, FL 34232	\$ 315.99
47	Prometheus Laboratories P. O. Box 894115 Los Angeles, CA 90189-4115	\$ 36.65
48	Vanguard c/o Ascensus, Inc. 415 8 <sup>th</sup> Ave, NE	\$ 89.06

Brainerd, MN 56401

51

Selina Rahman  
737 Sunkist Lane  
Dallas, TX 75205

\$3,820.81

\*\*\* THIS IS A WAGE CLAIM AND CREDITOR MUST COMPLETE A W-9 FORM AND  
SUBMIT TO CHAPTER 7 TRUSTEE PRIOR TO RECEIVING FUNDS FROM REGISTRY\*\*\*

57

MRM Medical, Inc.  
5164 Village Creek Dr., Ste. 200  
Plano, TX 75093

\$ 710.50

59

Monroe Search Partners  
1401 Hudson Ave.  
Monroe, LA 71201

\$ 47.77

86

Quintech, Inc.  
P. O. Box 947  
Nash, TX 75569

\$ 9.82

75

L2 Surgical, LLC  
5710 LBJ Freeway, Ste. 300  
Dallas, TX 75240

\$ 47.77

84

CorMatrix Cardiovascular, Inc.  
6504 Alderbrook Drive  
Denton, TX 76210

\$ 81.07

85

W. W. Grainger, Inc.  
7300 North Melvina Ave  
Niles, IL 60714

\$ 55.82

87

Apriomed, Inc.  
2 Palmer Drive  
Londonberry, NH 03053

\$ 5.37

94-2

Foresight Medical Management  
5417 Springview Drive  
P. O. Box 264  
Fayetteville, NY 13066

\$ 973.22

95-2

The Huntington National Bank  
c/o Raymond J. Urbanik  
3811 Turtle Creek Blvd., Ste. 780  
Dallas, TX 75219

\$7,316.00

98	Diagnostic Health Services P. O. Box 972288 Dallas, TX 75397-2288	\$ 89.57
116	AccuVein, Inc. 40 Goose Hill Road Cold Spring Harbor, NY 11724	\$ 32.43
122	Med IT Assoc., LLC 846 Possom Trot Hollow Road Whitewright, TX 75491	\$ 750.20
125	Cohera Medical, Inc. 227 Fayetteville Street Raleigh, NC 27601	\$ 122.94
126	Shred-It USAA, LLC 7734 South 133 <sup>rd</sup> Street Omaha, NE 68138	\$ 40.80
128	Asahi Intecc USA, Inc. 2500 Red Hill Avenue, Ste. 210 Santa Anna CA 92705	\$ 17.58
148	Valeris Medical, Inc. 200 Cobb Parkway North Bldg. 200, Ste. 210 Marietta, GA 30062	\$ 32.10
149	North Texas Heart Center, PA 8440 Walnut Hill Lane, Ste 700 Dallas, TX 75231	\$ 569.01
150	NTHC Holdings, LLC 8440 Walnut Hill Lane, #700 Dallas, TX 75231	\$5,732.18
167	Daniel Mijares, MD 5959 Colhurst Street Dallas, TX 75230	\$ 887.55
183	Reliant Energy Retail Services, LLC P. O. Box 1046 Houston, TX 77251	\$1,161.42
185	Shred-It USA, LLC 7734 South 133 <sup>rd</sup> Street Omaha, NE 68138	\$ 1.10

225-2	Cory A. Roberts 3516 Amherst Avenue Dallas, Texas 75225	\$1,910.73
264	Natalie Chambliss 8160 Walnut Hill Lane, Ste 224 Dallas, Texas 75231	\$ 477.68
278	ProVation Medical, Inc. 62770 Collections Center Drive Chicago, IL 60693	\$ 94.30
279	Simplex Grinnell 50 Technology Drive Westminster, MA 01441	\$ 60.97
280	LifeCell Corporation 50 Technology Drive Bridgewater, NJ 08807	\$ 142.42
308	Cigna Healthcare of Texas c/o Wilhelmina Bergland, Legal Dept. 900 Cottage Grove Road, B6LPA Bloomfield, CT 06002	\$1,106.83

<b>Total of check(s) to Unclaimed Funds:</b> <b>\$ 27,225.59</b>
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Respectfully submitted,

/s/ Scott M. Seidel

Scott M. Seidel

State Bar No. 17999450

6505 West Park Boulevard, Suite 306

Plano, Texas 75093

Telephone: (214)-234-2500

scott@scottseidel.com

CHAPTER 7 TRUSTEE



OMB No. 1545-0046 Department of the Treasury - Internal Revenue Service

1 Wages, tips, other compensation	2 Federal income tax withheld
64931.71	6972.25
3 Social security wages	4 Social security tax withheld
67149.35	4163.26
5 Medicare wages and tips	6 Medicare tax withheld
67149.35	973.66

a Employer's name, address, and ZIP code  
**WALNUT HILL PHYS HOSP**  
**7515 GREENVILLE AVE**  
**SUITE 710**  
**DALLAS TX 75231**

7 Social security tips	8 Allocated tips	9
.00	.00	
10 Dependent care benefits	11 Nonqualified plans	12a
.00	.00	D 2217.64
12b	12c	12d
DD 5785.78		

b Employer identification number (EIN) **26-2592403** c Employee's social security number **127-78-6240**

13 Statutory employee	14 Other
X	

e Employee's name, address, and ZIP code  
**SELINA RAHMAN**  
**737 SUNKIST LANE**  
**DALLAS TX 75025**

Form **W-2** 15 State Employer's state ID number 16 State wages, tips, etc.

Wage and Tax Statement  
**2015**

17 State income tax 18 Local wages, tips, etc.

19 Local income tax 20 Locality name

Copy 2 - To Be Filed With Employee's State City or Local Income Tax Return.

OMB No. 1545-0046 Department of the Treasury - Internal Revenue Service

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**2015**

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Copy B - To Be Filed With Employee's FEDERAL Tax Return.

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**SUITE 710**  
**DALLAS TX 75231**

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**737 SUNKIST LANE**  
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Copy B - For EMPLOYEE'S RECORDS (See Notice to Employee on the back of Copy B.)

FORM W-2/C